

NOTICE TO NURSES REGARDING ACT 198

Act 198 (effective July 1, 2003) establishes a Center for Nursing (Center) at the University of Hawaii School of Nursing and Dental Hygiene. The Center will help to ensure that better data about nurses is available, which will improve health care in Hawaii, as well as working conditions for nurses. The Center will collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce. The Center will conduct research on best practices and quality outcomes, as well as develop a plan for implementing strategies to recruit and retain nurses. Act 198 establishes a special fund to support the Center's activities and requires the assessment of a \$40 fee upon the issuance of a new nurse license and at each license renewal. Beginning on July 1, 2003, each new license will be assessed the \$40 fee to support the Center, and beginning with the 2005 renewal, the fee will be assessed for each license renewal.

HAWAII REGISTERED AND PRACTICAL NURSE EXAM APPLICANTS APPLYING FOR LICENSURE IN THE STATE OF HAWAII

Access this form via website at: www.hawaii.gov/dcca/pvl

Follow These Instructions

On April 1994, the NCLEX exam changed from pencil-paper to Computerized Adaptive Testing. **(NCLEX/CAT)**

1. Submit a completed Application for License by Exam along with the **\$40 non-refundable** application fee and any required official documents to:

Hawaii Board of Nursing
DCCA, PVL Licensing
P O Box 3469
Honolulu, Hawaii 96801

OR

Deliver to office location at:
1010 Richards St., 1st Floor
Honolulu, HI 96813
Phone: (808) 586-3000

Applications will be accepted on a year-round basis. There will be no specific filing deadlines. Applicants are encouraged to file their application early, to allow sufficient time for evaluation.

2. After a completed application and fee are received, your eligibility for examination will be determined by the Board.
3. Eligible candidates will be mailed an **NCLEX/CAT Candidate Bulletin and registration form**. You must then register for the examination directly with NCS Pearson Professional Testing.
4. Once the NCLEX/CAT Data Center has processed your registration and verified your eligibility with the Board of Nursing, you will be mailed an **Authorization To Test** along with a list of Testing Centers.
5. Select and call the NCS Pearson Professional Center of your choice to schedule your appointment to take the test. You do not have to take the NCLEX in the same jurisdiction in which you are seeking licensure.

The Testing Center is required to ensure that all eligible first-time applicants are scheduled within thirty (30) days of their requested test date. In addition, all **eligible** repeat candidates will be scheduled within forty-five (45) days of their requested test date.

6. The Board of Nursing will mail your results approximately two weeks after taking the test. **DO NOT CALL THE BOARD OF NURSING AS RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE.**

A copy of the NCLEX Examination Candidate Bulletin containing all the information which candidates need to register and schedule an appointment is available at: www.ncsbn.org or contact the National Council of State Boards of Nursing, Inc. at 111 East Wacker Dr., Ste. 2900, Chicago, IL 60601-4277, or call (866) 293-9600.

NOTE: All required documents and completed application with fee must be submitted and received prior to determining eligibility for the exam. All applicants are subject to requirements in effect at time of filing.

INFORMATION AND INSTRUCTIONS FOR FILING - NURSE'S LICENSE BY EXAM

Access this form via website at: www.hawaii.gov/dcca/pvl

EXAMINATION

As of April 1994, the NCLEX-PN and NCLEX-RN is computerized. Please follow the attached instruction sheet.

APPLICATION FOR LICENSE

1. Type or print *legibly* in dark ink.
2. Answer **all applicable questions**.
3. Application **must** be signed. Incomplete applications will not be accepted and will be returned for completion. Applications are kept on file for **two (2) years**. Failure to complete the licensing requirements within two (2) years will void your application, and you will be required to re-file an application and fee.

Applications for RN and PN license are considered separate applications. You must submit official documents and fees for each application. If you have been granted one type of nurse license and are now applying for the other type of nurse license, you must attach copies of your official documents, or if applicable, have transcripts sent directly to the Board. Copies of documents will **not** be made from the former application.

FEES

ATTACH the appropriate fee in **U.S. dollars**. Make check payable to: **Commerce & Consumer Affairs**
INITIAL fee for REGISTERED NURSES Application - \$40*
INITIAL fee for PRACTICAL NURSES Application - \$40*

After passing the exam, license fees will be due.

**The application fee is not refundable.*

Note: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ADDRESS

The Board's mailing address is:

Board of Nursing
P.O. Box 3469
Honolulu, HI 96801

Molokai & Lanai: 1-800-468-4644 ext. 6-3000
Hawaii: 974-4000 ext. 6-3000
Maui: 984-2400 ext. 6-3000
Kauai: 274-3141 ext. 6-3000

Phone: (808) 586-3000

If you wish to deliver your application in person or by over night mail, the Board's street address is:

Board of Nursing
1010 Richards St., 1st Floor
Honolulu, HI 96813

EDUCATION

All required documents and completed application with fee must be submitted and received prior to determining eligibility for the exam. Please allow 2-3 weeks processing time. Applicants are subject to requirements in effect at time of filing.

U.S. GRADUATES

If you have just graduated or will be graduating soon, have your nursing school send the following **directly** to the Board:

- 1) An official final transcript verifying degree conferred or
- 2) An official letter from your school certifying the successful completion of your nursing program which must be received in the Board's office first in order to be deemed eligible to sit for the exam.

(An official final transcript verifying degree conferred must follow and be received prior to licensure.)

NOTE: If you have graduated from an accredited nursing school or state board recognized nursing program and have passed the NCLEX exam in another state, you must have been licensed in the originating state before you can be licensed in Hawaii. You must request an application for license by endorsement.

FOREIGN SCHOOL APPLYING FOR NCLEX PN/RN Each foreign school graduate must have successfully completed a nursing program which is equivalent to U.S. standards and must be authorized to work in the U.S. This can be accomplished by obtaining a certification from the Commission on EXAM Graduates of Foreign Nursing Schools (CGFNS). Contact the CGFNS for information on how to apply for the CGFNS Certification Program (CP) or Credentials Evaluation Service (CES).

NOTE: The Hawaii Board of Nursing no longer accepts evaluations prepared by Educational Credential Evaluators (ECE).

Commission on Graduates of Foreign Nursing Schools (CGFNS)
3600 Market St., Ste 400
Philadelphia, PA 19104-2651

Applicant Inquiries: Phone: (215) 349-8767
Website: <http://www.cgfns.org>

Do not send transcripts to the Board unless specifically asked to do so.

It is the applicant's responsibility to provide all necessary school documents to the evaluator so an accurate assessment can be made. The applicant must arrange to have a certification or a Healthcare Profession & Science Course-by-Course Evaluation Report sent directly to the Board and a copy to his or her address. Applicant must retain this copy in case he or she fails the exam and needs to apply for re-exam. **It is the applicant's responsibility to settle any discrepancy in the report with the evaluator. The applicant must work with his or her school to ensure that all appropriate documents and information are received by the evaluator on a timely basis. The applicant must arrange to have an evaluation done weeks/months in advance to ensure that all problems are resolved prior to application submission. Acceptance of report subject to Board approval.**

APPLYING FOR RE-EXAM If your last examination was taken more than two years ago, you are required to re-file an application as a new applicant and meet the current requirements.

ARMED GRADUATES

- 1) Submit a certified letter from the Board of Nursing in the state in which the FORCES nursing program is located. The letter must verify that the state board PROGRAM recognizes the program as being comparable to a nursing program from an accredited school of nursing. Generally, Armed Forces programs do not meet the educational requirements for the RN program.
- 2) Submit official transcripts and a copy of course descriptions. The latter will be used to determine whether courses taken were comparable to those required by the Hawaii Board of Nursing.

STATE LAWS AND RULES

All applicants/licensees are responsible for reading, being knowledgeable and maintaining current knowledge of the Hawaii Statutes and Rules relating to nursing and the amendments adopted throughout the years for the duration of the applicant/licensee's nursing career. These statutes and rules consists of Chapter 457, Hawaii Revised Statutes and Chapter 89, Hawaii Administrative Rules. Copies of these chapters may be obtained by submitting a written request and check payable to DCCA for \$1.75 from: Cashier, Commerce and Consumer Affairs, P.O. Box 541, Honolulu, Hawaii 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢ and should be read in conjunction with the nursing statutes.

The laws and rules are also available on our website free of charge at: www.hawaii.gov/dcca. Look under "Nursing".

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, contact the Examination Branch at (808) 586-2711 immediately. Determination of candidate qualification for special testing arrangements will be made and the type of special testing arrangements which have to be provided.

**ADDRESS/NAME
CHANGES**

It is the responsibility of the applicant to notify the board of any changes in writing. If you have a name change after your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change. Or you may use a Name Change Affidavit form from the Board's office. In your correspondence specify that you are applying for licensure by examination.

All address changes must be submitted in **writing**. No changes will be taken over the phone. The board will not be responsible for nonreceipt of any correspondence.

**LICENSE
RENEWALS**

All licenses, regardless of issuance date, expire on June 30 of each odd-numbered year and are subject to renewal. Renewal applications are made available about 60 days prior to the license expiration date. Effort will be made to mail applications to licensees as a courtesy. However, the Board must be informed in a timely manner of any address changes in writing. If a licensee does not receive an application at least 30 days prior to the license expiration date, licensee must contact the Board's office or pick one up at 1010 Richards Street in Honolulu. EACH LICENSEE IS ULTIMATELY RESPONSIBLE FOR THE RENEWAL OF HIS/HER NURSING LICENSE. The Board will not negotiate this matter with the employers for a licensee who has not timely renewed a nursing license. AT NO TIME MAY A NURSE, WHOSE LICENSE HAS LAPSED, CONTINUE TO PRACTICE AS A NURSE. IT IS THE NURSE'S DUTY TO INFORM EACH EMPLOYER WHO IS IMPACTED, OF THE NURSE'S FAILURE TO RENEW A NURSING LICENSE ON TIME.

**NOTIFICATION OF
DISCIPLINARY
ACTION**

Once licensed, each licensee who has a nursing license disciplined in another state, must notify the Hawaii Board of Nursing within 30 days of the action. Failure to do so may result in action taken against the person's Hawaii nursing license.

**ABANDONMENT
OF APPLICATION**

Your application may be considered abandoned and destroyed, if after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process. Licensure requirements also include payment of all fees.

APPLICATION FOR LICENSE BY EXAM – NURSE

Access this form via website: www.hawaii.gov/dcca/pvl

Read instructions for filing before completing this form.

PRINT LEGIBLY

Circle type of LICENSE you are applying for:

REGISTERED NURSE

PRACTICAL NURSE

Are you presently licensed as an RN or LPN in Hawaii?..... YES NO
(If "yes," give your LICENSE NUMBER: _____)

Have you ever applied for an RN or LPN nursing exam in Hawaii?..... YES NO
(If "yes," give the MONTH AND YEAR: RN? _____ PN? _____)

Foreign School Graduates

Indicate when you requested to have your CGFNS certification or evaluation report submitted to the Board. Date _____

U.S. School Graduates

Indicate when you arranged to have your final transcripts sent directly to the Board.
Date _____

LEGAL NAME (First-Middle)

(LAST)

Other names used (include maiden name)

Residence Address (Include apt. no., city, state and zip code)

Social Security No. (If not available – provide explanation)

Mailing Address (ONLY If different from above)

Phone No. (days)

OFFICE USE ONLY

License No.

Eff. Date

FOREIGN [] Evaluator Report Received

U.S. GRADUATES

[] letter of successful completion

[] final transcript

Candidate Bulletin Mailed:

Date Made Eligible:

EDUCATION	Name of School	Location (city/state/country)	Dates (mo/yr)		Degree Earned	Type of Program
			From	To		
EDUCATION	Nursing					RN LPN
	Advanced Training					RN LPN
OTHER STATE LICENSES	State of Licensure	Circle Method of Licensure	Type of Licensee		License Number	
	Original	Exam Endorsement Waiver	RN LPN			
	Other	Exam Endorsement Waiver	RN LPN			
ALL APPLICANTS	Circle answers and give details when required:					
	1) Are you at least 18 years of age?..... YES NO					
	2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?..... YES NO					
	3) In the past twenty years, have you ever been convicted of a crime for which the conviction has not been annulled or expunged? YES NO If "YES," arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to the Board.					
	4) Has your nursing license ever been revoked, suspended, or otherwise subject to disciplinary action by another state board? YES NO If "YES," arrange to have certified documents from each state in which disciplinary action was taken sent Directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and Whether you have been re-instated. If re-instated, date and conditions of license.					
	5) Are you presently being investigated or is any disciplinary action pending against you?..... YES NO If "YES", specify all states where action was or may be imposed. Arrange to have certified documents from each state in which disciplinary action or investigation occurred or is pending against you sent directly to the Board.					
Note: All applications may be subject to Board review.						

I hereby certify that the information supplied herein is true to the best of my knowledge. I understand that my exam scores will be released to my school of nursing unless I am a foreign graduate. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

NSG-01 0703R

App..... 433.....\$40	Center for NursingCFN..... \$40
Lic..... 436.....\$20	½ Ren.....430..... \$10
CRF..... 439.....\$35/70	Service FeeBCF\$15